

LICENSING RECORD CLEARANCE REQUEST
STATE OF Michigan Department of Information Technology
 Department of Human Services
 Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- Please read the accompanying instructions before completing this form.
- Please type or print CLEARLY so that the information completed can be read.
- Mail completed form to BCAL Central office.

SECTION I: REQUESTOR INFORMATION

(Must be completed by licensing consultant/worker)

CPA License Number:

Licensing Consultant/Worker Name, Address and Phone Number

LIVESCAN FINGERPRINT REQUEST

TCN#

(MUST BE FILLED IN PRIOR TO RETURNING)

Date Fingerprinted:

Type of Picture I.D. presented:

- ☐ AWP-Private Adoption-Agency ID: 68466H-Fee
☐ AWF-Foster Parent-Agency ID: 68465P-Voucher
☐ AWA-DHS Child/Adoption-Agency ID: 68464J-Voucher

LICENSEE/APPLICANT NAME County LICENSE NUMBER (If assigned)

LICENSE/APPLICATION TYPE

☐ Foster Parent - AWF

☐ International Adoption

☐ Adoption – Foster Child - AWA

☐ Adoption – Non-Foster Child - AWP

THE PERSON BEING FINGERPRINTED IS:

☐ Applicant

☐ Licensee

THE PERSON BEING CLEARED BY BCAL IS:

☐ Adult Member of Household (specify relationship to licensee):

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)

NAME (Last, First, Middle Jr., II, etc.) SEX BIRTH DATE SOCIAL SECURITY NUMBER

MARITAL STATUS

☐ SGL

☐ MAR

☐ DIV

ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))

MICHIGAN DRIVERS LICENSE NUMBER

ADDRESS (Street Number and Name)

HOW LONG HAVE YOU LIVED IN THIS
STATE? COUNTY?

RACE

CITY

COUNTY

STATE

ZIP CODE

PHONE NUMBER

HEIGHT

WEIGHT

OTHER STATES RESIDED IN DURING PAST 5 YEARS

- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am licensed.

HAVE YOU EVER:

Been convicted of a crime, felony or misdemeanor?

☐ NO

☐ YES (If yes, explain)

Been substantiated for abuse or neglect of children or adults?

☐ NO

☐ YES (If yes, explain)

Type, Location and Date of Conviction(s) or Substantiations:

SIGNATURE OF PERSON TO BE CLEARED

DATE

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)

SECTION IV: CONVICTION CLEARANCE

PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	LICENSE NUMBER	INITIALS/CLEARANCE DATE	
IS PROTECTIVE SERVICES INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES		INITIALS/CLEARANCE DATE	
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES		INITIALS/CLEARANCE DATE	
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.			

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a BCAL Files check against current or previous licensee status of the applicant in any county of the state.
4. Live Scan Fingerprint Request is required for foster home or adoptive applicants and licensees. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY: 1973 PA 116 COMPLETION: Required CONSEQUENCE: Licensure may be denied.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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